**	TYPE	OR	PRINT	LEG	IBLY											
**	DUE A	AT A	APPRC)PRI/	ATE I	DISTR	RICT	OFFICE	CAT	LEAST	14 D	A YS	PRIOR	TO	EVEN	J7

\$115 6205(P/E)		Low Hazard Operation (Non-potentially hazardous foods) \$90 permit fee (Plus \$25 Plan Review Fee S601)	For Offi Use On	or Office Jse Only	
\$150	6210(P/E)	High Hazard Operation (Potentially hazardous foods) \$125 permit fee (Plus \$25 Plan Review Fee S601)	Permit No. (Svc. Req. No.)		
\$55	6215(P/E)	501(C)(3) organization, \$30 permit fee, include copy of IRS determination letter (Plus \$25 Plan Review Fee S601)	Inspection Code(District)		
\$25	6220(P/E)	Plan Review only	Event Code (Fac. ID)		
\$25		Late Fee, application made 9-14 days prior to event only with approval of the district office			
\$50		Late Fee, application made 8 to 3 days prior to event only with approval of the district office (Applications received 2 days or less will not be issued a permit)			
\$		TOTAL PAID \$25 plan review fee is non-refundable			
		*School Fees: 6205(P/E) - \$70.00, 6210(P/E) - \$87.50			

1.	Name of Booth:	Cont	act Person:				
	Home Address:	City:	Zip:	Phone: ()			
2.	Event:	Event Coordi	inator:	Phone: ()			
	Location/Address	City:	7	Zip:			
	Event Dates:	Event Hours:					
	Is this the first time for this event?	Will this event occur next year?					

- B. MENU (include beverages and all extra ingredients served with each item) and PREPARATION PROCEDURES:
 - a) Check which preparation procedure each menu item requires at the RESTAURANT:

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion	package
1.									
2.									
3.									
4.									
5.									

b) Check which preparation procedure each item requires at the *BOOTH*:

FOOD	cold holding	cook/ grill	reheat	hot holding	assemble	other
1.						
2.						
3.						
4.						
5.						

NOTE: If your preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on a separate sheet. Include all ingredients and condiments.

4.	ii iood preparation is required,	list hame of restaurant to be	used of Kil	chen facility under Health Departin	ent permit.								
	Kitchen Name: Dates and Times Kitchen	Addı Used:	ress:	City:	Zip:	Zip:							
5.	How will you provide tempera	ture control for potentially ha	zardous fo	ods? Circle as many as you will be	using.								
	Foods must be 45°F or colder, or 140°F or hotter. MONITOR THEM FREQUENTLY!												
	Hot holding: steam table, oven, BBQ, gas grill, wok, steamers, stove, hot holding case, other (list) Reheating or cooking: oven, BBQ, gas grill, wok, steamers, stove, other (list) Cold holding: refrigerator, refrigerated truck, refreezable ice/cooler, dry ice/cooler, drained iced, freezer, other (list) During Transport:												
6.	List personnel for the event (if Officer):	you don't know who is work	ing yet, pr	rovide a name list with Health Card	numbers at the booth for	the Health							
	NAME	HEALTH CARD#	EXP. DATE	NAME	HEALTH CARD#	EXP. DATE							
1.				4.									
2.				5.									
3.				6.									
 7.	Describe booth:												
7.		Roof		Walls									
Wal			al that nr		dirt and weather Food	s cannot he							
prep	pared, cooked or displayed on the erial. Booth must be large enough	front counter unless there is so to accommodate all activity a	ome means nd food st	otects the interior of the booth from s of protection from contamination. orage.	Floors must be made from	a cleanable							
AD	DITIONAL REQUIREMENT	S:											
1.	You must provide a gravity floopen position – capacity of 2 g You must check the handwash	ow handwashing facility in allons or more filled with wa facilities throughout the day	your bootl rm water 8 and refill	h. This consists of an insulated con 80-120°F a tub or bucket for waste when needed. WASH HANDS FR	ntainer with a spigot that water, pump soap and pap EQUENTLY!	can lock in per towels.							
2.	You must provide sanitizer so other approved sanitizer).	elution for wiping cloths in y	our booth.	This solution consists of 1 teaspoo	on of bleach per gallon of	water. (or							
3.	You are required to provide a s	stem-type thermometer if yo	ou serve po	otentially hazardous foods. Monitor	temperatures frequently.								
4.	You must provide leak-proof g	arbage containers in your b	ooth.										
5.	You must provide water that i	s obtained from an approved	source.										
6.	You must dispose wastewater	in a sanitary sewer. Disposa	l of waste	water in storm drains or on the grou	and is unacceptable.								
7.	other illnesses can be spread	d by food workers who do	n't wash	have handsinks with hot and cold their hands after using the bath unless portable handwashing facil	room. WASH HANDS	BEFORE							
8.	You must provide dishwashin event coordinator can supply.			at the event or if the event is more	than one day. For large	e events the							
O	ESS THAN 14 DAYS PRIOR	TO THE EVENT MAY N S APPROVED, NO CHAN	OT BE A GES MA	YS PRIOR TO THE EVENT. A PPROVED. IF APPROVED, M Y BE MADE WITHOUT APPR O PERMIT SUSPENSION.	ENU MAY BE RESTR	ICTED.							
Sign	nature of Operator		_	Signature of Health Officer									
Ver	ified permit and operational info	rmation with			Date:								
	NORTHSHORE	DISTRIC NORTH	T HEAL	TH CENTERS ALDER SQUARE	CENTRAL								
	10808 NE 145 th St.	10501 Meridian Ave. I	V	1404 Central Ave. S., Ste. 101	172 20 th Aven	ue							
	Bothell, WA 98011 (206) 296-9791	Seattle, WA 98133 (206) 296-4838		Kent, WA 98032 (206) 296-4666	Seattle, WA 98 (206) 296-463								
	(200) 270 7171	(200) 270-4030		(200) 270 7000	(200) 270-40.								